

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000075611

1. Corporation Name

Constel Enterprises, Inc.

Principal Place of Business

Mailing Address

2066 Emerson St #2
Jacksonville FL 32207

P. O. Box
43367
Jacksonville,
FL 32203

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Arthur K. Fosco

3. New Mailing Office Address, If Applicable

P. O. Box 43367

Suite, Apt. #, etc.

2066 Emerson St #2

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Jacksonville

Zip 32207

Country Duval

Zip FL

Country Duval

4. Date Incorporated or Qualified To Do Business in Florida

Oct 12, 1994

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Arthur K. Fosco	2066 Emerson St #2	Jacksonville, FL 32207
V	Jane R. Fosco	2066 Emerson St #2	Jacksonville, FL 32207

RD00002610328--5
-08/07/98--01033--001
***1200.00 ***1200.00

8-7-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Arthur K. Fosco
2066 Emerson St #2
Jacksonville, FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

RD00002610328--5
-08/07/98--01036--001
*****8.75

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

8/7/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-7-98 904 396-6783